



FH
[REDACTED]

STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

[REDACTED]
[REDACTED]
[REDACTED]

DECISION

BCS/158672

PRELIMINARY RECITALS

Pursuant to a petition filed June 30, 2014, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on July 29, 2014, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly discontinued BadgerCare Plus coverage when Petitioner's income was over the program the limit.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services
1 West Wilson Street, Room 651
Madison, Wisconsin 53703
By: Katherine May
Milwaukee Enrollment Services
1220 W Vliet St, Room 106
Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Corinne Balter
Division of Hearings and Appeals

FINDINGS OF FACT

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner's household size is one.
3. Petitioner's monthly gross income is \$1002. This is based on Petitioner's employment verification form dated June 2, 2014 stating that she will be working 30 hours per week with a

pay rate of \$8.35 per hour. Since beginning that employment the employer completed a new employment verification form stating that she was working 37 to 40 hours per week with a pay rate of \$8.35 per hour.

DISCUSSION

BadgerCare Plus is a Wisconsin variant of the Medicaid program, for non-elderly, non-disabled Wisconsin residents. *BadgerCare Plus Eligibility Handbook (BEH)*, § 2.1. An applicant must pass an income test. The income limit for a childless adult for BadgerCare+ purposes is 100% of the Federal Poverty Level. For a group size of 1 that limit is \$972.50. *BEH*, §50.1. As Petitioner has applied for BadgerCare Plus in March 2014 the modified adjusted gross income (MAGI) rules apply. *BEH*, §3.3.3.

In this case Petitioner works approximately 30 hours per week making \$8.35 per hour creating a monthly gross income of \$1002. This is in excess of the BadgerCare Plus program limit of \$972.50 for a childless adult household of one. I would note that the most recent employer verification of earnings states that she works 37 to 40 hours per week at \$8.35 per hour. At the hearing Petitioner stated that she was currently scheduled for more than 30 hours, but that her hours can change. It appears that in actuality Petitioner is working in excess of 30 hours per week and may make more than \$1002 in monthly gross income. Regardless she is over the income limit for the program. If Petitioner's hours change, and her monthly gross income is less than \$972.50, she can reapply for BadgerCare plus coverage.

CONCLUSIONS OF LAW

The agency correctly discontinued BadgerCare Plus coverage when Petitioner's income was over the program the limit.

THEREFORE, it is

ORDERED

That the petition is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee,
Wisconsin, this 1st day of August, 2014

\sCorinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on August 1, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability